SPINAL CORD INJURY ONTARIO
LÉSIONS MÉDULLAIRES ONTARIO

1-877-422-1112
referrals@sciontario.org
Fax: 1-877-344-9962

Client Information			
Last Name:		First Name:	
Pronoun:		Preferred Name:	
DOB:	Gender:	Health Card # and Version:	
Primary Phone & Type (home/cell):		Email:	
Address:			
City:	Postal Code:	Primary Language:	
Alternate Contact:	Phone#:	Email:	

Referral Information (Please fill out as much as possible)			
Referred By:		Health Care/Community Facility:	
Phone #:	Ext:	Email:	
Client Unit and Room Number:		Discharge Date:	

Client Disability (Please fill out as much as possible)			
Spinal Cord Injury (SCI) ☐	Non-SCI ☐	Complete SCI ☐	Incomplete SCI ☐
Cause (SCI): Please choose from list:		SCI Level:	
Details of Diagnosis:		Date of Injury/Onset:	
Mobility Devices: None ☐ Cane ☐ Walker ☐ Manual Chair ☐ Power Chair ☐ Scooter ☐ Unknown ☐ Other:			
Other Health Conditions:			

Reason for referral, check all that apply:			
Connect with Peer Mentor	☐	Connect with Family Peer Mentor	☐
Personal Support Services	☐	Income/Financial Management Options	☐
Equipment/ Supply Needs	☐	Housing Assistance	☐
Leisure and Recreation	☐	Home Modification	☐
Health and Emotional Wellbeing	☐	Work and Education	☐
Community Resources/Supports	☐	Transportation	☐

Additional information for your referral to Spinal Cord Injury Ontario:

☐ By checking this box and providing my e-mail and home address above, I/The Client agree to receive information from Spinal Cord Injury Ontario. We respect your privacy, and you can unsubscribe at any time.

☐ *I/The Client consent(s) to this referral being made to Spinal Cord Injury Ontario's programs and services

Please send your completed referral form to: referrals@sciontario.org